

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

William Banks, Sgt.

Houston County Jail

901 E. Main Street

Dothan, AL 36301

A. Signature

Tracy Walker

 Agent Addressee

B. Received by Printed Name

Tracy Walker

C. Date of Delivery

5/25/07

address different from item 1? Yeser delivery address below: No07cv455
Proc + Comp

D. Service type

 Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service)

7006 2760 0005 4873 1246

102595-02-M-1540

Domestic Return Receipt

PS Form 3811, February 2004